

IA-473

REQUEST FOR FOREIGN NATIONAL UNCLASSIFIED VISIT OR ASSIGNMENT

PART I: PERSONAL DATA

1. Name of Visitor (Family)		(Given)	(Middle)	2. Visitor Number	3. Request Number
4. Gender of Visitor <input type="checkbox"/> M <input type="checkbox"/> F	5. Place of Birth (City, Country)				6. Date Of Birth (MM-DD-YYYY)
7. Country of Citizenship			8. Passport Number		9. Expiration Date (MM-DD-YYYY)
10. Immigrant Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Type of Visa	12. Expiration Date	13. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Work Phone E-mail Fax	
15. Name of Current Employer			16. Place of Work (If different from 15)		
Street			Street		
City		State/Province	City		State/Province
ZIP Code		Division	ZIP Code		Division
Country			Country		
17. Title, position or description of visitor's or assignee's duties.					

PART IIA: VISIT/ASSIGNMENT REQUEST INFORMATION

18. Date of Request (MM-DD-YYY)	19. This request is for: <input type="checkbox"/> Visit <input type="checkbox"/> Assignment	20. Visitor currently in US? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. <u>For assignment only</u> : Will you require an exchange visitor (J-1) visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. <u>For assignment only</u> : Is the assignment for intermittent periods? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Identify any specific international agreement.		
24. Name of DOE contact. Dennis Kover		25. DOE contact organization. Nuclear Physics Div.
26. DOE Contact Telephone Number 301-353-3613	27. Name of Financial Sponsor ER	28. Cost (Sponsor other than DOE) 0

PART IIB: VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or organization to be visited/assigned Name: BROOKHAVEN NATIONAL LABORATORY Location: Upton, NY	Code BN	Security <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sensitive <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2-Letter Dept. Code AD	30. Desired Dates (MM-DD-YYYY) Start / End
31. Name of the host responsible for the visit/assignment				32. Host's telephone number	
33. Building and room numbers					
34. Number of days on site	35. Programmatic visit/assignment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
36. Subject Codes 645000					
37. Subjects to be discussed or statement of research in which you wish to be assigned.					
Is this a sensitive subject? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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PART III: VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARK

38. High level/protocol visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. Cost (DOE) 0	40. B&R Code KB-0000	41. HDE Assoc. Director's code ER20	42. Visit or assignment purpose code 14
43. Purpose and justification of visit/assignment, including benefits to DOE program(s)				
44. Name of requesting official or contractor D.I. Lowenstein			45. Title and organization of requesting officer Chairman, CAD	
46. Signature of requesting official or contractor			47. Date signed (mm/dd/yyyy)	
48. Name of local/headquarters approving official Thomas Kirk			49. Title and organization of local/headquarters approving official Assoc. Director	
50. Signature of local/headquarters approving official			51. Date signed (mm/dd/yyyy)	
52. Remarks				

Family members <u>who will be living with the applicant on-site at BNL</u> :				
Family Name:	Given Name:	Middle Name:	Birthdate (MM/DD/YYYY):	
City of Birth:	Country of Birth:	Citizenship:	Relationship to applicant:	
Family Name:	Given Name:	Middle Name:	Birthdate (MM/DD/YYYY):	
City of Birth:	Country of Birth:	Citizenship:	Relationship to applicant:	
Family Name:	Given Name:	Middle Name:	Birthdate (MM/DD/YYYY):	
City of Birth:	Country of Birth:	Citizenship:	Relationship to applicant:	
Family Name:	Given Name:	Middle Name:	Birthdate (MM/DD/YYYY):	
City of Birth:	Country of Birth:	Citizenship:	Relationship to applicant:	

IA-473 prepared by:
BNL Ext.: Bldg.